

HOUSE BILL REPORT

HB 1336

As Reported by House Committee On: Education

Title: An act relating to increasing the capacity of school districts to recognize and respond to troubled youth.

Brief Description: Increasing the capacity of school districts to recognize and respond to troubled youth.

Sponsors: Representatives Orwall, Dahlquist, Pettigrew, Cody, Walsh, Green, Appleton, Freeman, Fitzgibbon, Hunt, Stonier, Kagi, Maxwell, Goodman, Moscoso, Roberts, Reykdal, Lytton, Santos, Fagan, O'Ban, Van De Wege, Jinkins, Bergquist, Pollet, McCoy, Ryu, Upthegrove, Tarleton and Fey.

Brief History:

Committee Activity:

Education: 2/7/13, 2/14/13 [DPS].

Brief Summary of Substitute Bill

- Requires school counselors, psychologists, social workers, and nurses to complete a training program in youth suicide screening and referral as a condition of certification.
- Directs that recognition, initial screening, and response to emotional or behavioral distress in students be included in an Issues of Abuse course required of all educators.
- Requires each school district to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, beginning in the 2014-15 school year.
- Establishes a temporary task force to identify best practices for school districts to develop partnerships with community agencies to support youth in need.

HOUSE COMMITTEE ON EDUCATION

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Santos, Chair; Dahlquist, Ranking Minority Member; Magendanz, Assistant Ranking Minority Member; Bergquist, Fagan, Haigh, Hargrove, Hawkins, Hayes, Hunt, Klippert, Lytton, Maxwell, McCoy, Orwall, Pike, Pollet, Seaquist and Warnick.

Staff: Barbara McLain (786-7383).

Background:

Certification and Training.

Legislation enacted in 2012 requires certain health professionals, including counselors, therapists, and social workers, to complete an approved training program of three to six hours in suicide assessment, treatment, and management every six years. The training applies toward continuing education requirements for certificate renewal. The Department of Health (DOH) is writing rules to implement these provisions, including considering training programs listed on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. The training requirement takes effect January 1, 2014.

School counselors, psychologists, and social workers are certified by the Professional Educator Standards Board (PESB) rather than by the DOH. School nurses are certified by both agencies, but are not included under the 2012 legislation regarding suicide assessment training. Educators are certified under a two-tier system; they receive an initial certificate, and then a professional certificate or continuing certificate based on completion of an additional program or requirement. The second certificate may then be renewed based on 150 clock hours of continuing education every five years.

All educators must complete a course on Issues of Abuse to receive an initial certificate. The required content of the course is outlined in statute and includes identification of physical, emotional, sexual, and substance abuse; impacts on student learning; reporting; and methods for teaching students about prevention.

Safe School Plans.

School districts are required to adopt comprehensive safe school plans. At a minimum, the plans must address school safety policies and procedures; emergency preparedness and response; school mapping for emergency first responders; and communication with parents. The Office of the Superintendent of Public Instruction (OSPI) has developed a model safe school plan that school districts are encouraged to consider when developing their own plans. There is a School Safety Advisory Committee and a School Safety Center within the OSPI to provide updated information and serve as a resource for school districts. The focus of the model safe school plan is on preventing and responding to natural disasters and external threats.

Summary of Substitute Bill:

Certification and Training.

School counselors, psychologists, social workers, and nurses must complete a training program of at least three hours in youth suicide screening and referral as a condition of certification by the PESB. Content standards for the training are adopted by the PESB in consultation with the OSPI and the DOH. The PESB must consider training programs on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. The training requirement applies to continuing or professional certificates if they are first issued or renewed on or after July 1, 2015.

As part of the course on Issues of Abuse, the PESB must incorporate standards for recognition, initial screening, and response to emotional or behavioral distress in students, including indicators of possible substance abuse, violence, and youth suicide. To be initially certified after August 31, 2014, educators must complete the expanded course.

Each Educational Service District must develop and maintain the capacity to offer training on youth suicide screening and referral, and on recognition, initial screening, and response to emotional or behavioral distress in students. Training may be offered on a fee-for-service basis or at no cost if funds are available.

District Plans.

Beginning in the 2014-15 school year, each school district must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students (Plan), and annually provide the Plan to all district staff. The Plan must include:

- identification of training opportunities for staff;
- how to use the expertise of trained staff;
- how staff should respond to concerns or warning signs of emotional or behavioral distress;
- identification and development of partnerships with community organizations and agencies for referral of students to health and social services, including development of at least one Memorandum of Understanding with such an entity in the community or region;
- protocols and procedures for communication with parents;
- how staff should respond to a crisis situation of imminent danger; and
- how the district will provide support to students and staff after an incident.

The Plan may be a separate plan or a component of another required plan, such as the harassment, intimidation, and bullying prevention plan or the comprehensive safe school plan.

The OSPI and the School Safety Advisory Committee must develop a model Plan and post it on the School Safety Center website by February 1, 2014.

Nothing in the bill is intended to increase liability for school districts related to suicide or attempted suicide.

Task Force.

Using remote technologies and other electronic communication as much as possible, the OSPI must convene a task force to identify best practices, model programs, and successful

strategies for school districts to develop partnerships with community agencies to coordinate and improve support for youth in need. Resource documents must be posted on the School Safety Center website, and a report with recommendations is due to the Education Committees of the Legislature by December 1, 2013. The task force must also explore the potential use of advanced online emotional health and crisis and response systems developed for use in other countries.

Substitute Bill Compared to Original Bill:

School psychologists are added to the list of educators who must complete a training program in youth suicide screening and referral. The task force must explore the potential use of advanced online emotional health and crisis and response systems developed for use in other countries. The OSPI must use remote technologies and other electronic communication as much as possible in convening the task force. Nothing in the bill is intended to increase liability for school districts related to suicide or attempted suicide.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) What the bill will do is assure there are key educators in schools trained to identify the early signs of students in trouble and refer them to get help. It also ensures that schools have plans for how to respond to suicide or other indicators of students in trouble. This bill will save lives by ensuring that schools have established partnerships to keep kids safe. A 16-year-old passed a note in class saying he would commit suicide if his friend did. A counselor was notified and did not tell the family. There was no opportunity for the family to intervene. The school failed in so many ways by not properly assessing the risk of suicide or by providing help.

There are students who exhibit many of the classic warning signs of suicide, but the teachers do not ask. They ignore these students' cries for help. Someone has to tell young people that this is not the answer. It is critical to have a well-trained counselor. This is not to say that the school is to blame for youth suicides, but the way that schools handle situations leaves much to be desired. The schools' lack of response leaves many students in emotional turmoil. Schools should have a responsibility to follow a protocol in dealing with youth, parents, and other students.

Youth suicide is epidemic. We need to have courage to address the situation with training that deals with crisis intervention. The bill would help train school personnel to respond in an appropriate manner and refer students to existing services. Most people just want to turn

away. Suicide does not stop with the death of loved ones. It ripples through communities in ways that are incalculable.

Teachers feel helpless; they don't know how to identify risk or what to do once youth are identified. Some say the schools are already overburdened, but these issues and situations already exist. They must be given the proper tools. There are continuing challenges between the two systems of mental health and public schools. There is concern about adding continuing education requirements for educators, even though providing this training is the right thing to do.

(Opposed) None.

Persons Testifying: Representative Orwall, prime sponsor; Debbie Reisert; Lauren Davis, King County Suicide Prevention Coalition; Mari Earl; Danal Berguran; Kristen Spexarth; James Mazza, University of Washington–Seattle; Jessica Scruggs, American Foundation for Suicide Prevention; and David Brenna, Professional Educator Standards Board.

Persons Signed In To Testify But Not Testifying: Lonnie Johns-Brown, School Nurse Organization of Washington; Karyn Brownson, Youth Suicide Prevention Program; Kris Butler, University of Washington; and Kim Reykdal, Washington School Counselor Association, and Washington State School Directors Association.